



## APPLICATION FOR LICENSURE AS A PROFESSIONAL SOIL SCIENTIST (PSS) BY COMITY INSTRUCTIONS

This application is for individuals either currently licensed in another jurisdiction or who took the PSS Exam in another jurisdiction and are now seeking licensure in Minnesota as a Professional Soil Scientist.

Other applicants should use the “[Application for the PSS Exam](#)” form, available on the Board website.

### Application Packet Contents

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### Key Information

- **Be sure your application is complete.** Six months after the application date, if an application remains incomplete, it is automatically denied by the Board.
- Prior to applying please read the requirements for licensure by comity in [MN Statute 326.10](#) and further detailed in [MN Rules 1800.0850](#) and [1800.3910-3930](#).
- If any records are under a different name, include with the application a copy of your marriage license, divorce decree or legal name change document.
- You will be notified by letter whether your application was approved or denied.
- If your application is approved, you will receive instructions for obtaining your professional license.

### Application Steps

1. Complete all parts of the application form ([pages 1-6](#)).
2. Complete the “Applicant” portion of the [Experience Reference Form](#) and send to your supervisor(s) for completion. See that form for detailed instructions.
3. Request final official transcripts for all degrees or credits earned. The transcript must show any degree(s) awarded and the date(s) of graduation. **Do not open the transcript record.** Forward it as sealed by the institution or have it mailed directly to us.
4. Complete the [Verification of Exams and Current Licensure Form](#) for the state in which you most recently resided/were licensed and (if different) the state that holds your FSS Exam results. Send the form, along with any fee the state(s) may require\*, and a stamped envelope addressed to the Minnesota Board (see address above).  
\* Some states charge a fee for verification of your records. To avoid delay in processing your request, you may wish to contact your state to determine if there is a fee or any additional instructions.
5. **Mail the application, the fee of \$100.00, and any required supporting documents to the address above.** Make your check payable to **MN Board of AELSLAGID**.

**If you have questions regarding your application, please call the Board office at 651-296-2388.**

#### NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (MN Statute §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2016) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2016), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law.



FOR BOARD USE ONLY
Application #

## APPLICATION FOR LICENSURE AS A PROFESSIONAL SOIL SCIENTIST (PSS) BY COMITY

**Application Fee: \$100**

FOR BOARD USE ONLY
License #
Date License Issued
License Fee \$

### Part A: Applicant Information (All fields are required.)

**Note:** If any of the information below changes after you submit this application, you must notify the Board immediately.

- Are you or your spouse an active duty military member? Or have you left service in the last two years with an honorable or general discharge? ☐ No ☐ Yes (Priority processing)
- The address below is my (check one): ☐ Home ☐ Business. If **business**, list name: \_\_\_\_\_
- General/contact information:  
Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)  
Former Name \_\_\_\_\_  
(If applicable)  
Street Address \_\_\_\_\_  
(No PO boxes)  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
SS # \_\_\_\_\_  
(Or Individual Taxpayer ID #, if no Social Security #)  
Gender: ☐ Male ☐ Female  
Birth Date \_\_\_\_\_  
(MM) (DD) (YYYY)  
Phone # \_\_\_\_\_

## Part B: Record of Examination(s) and Licensure

Applicant Name: \_\_\_\_\_

### 1. Soil Science Examinations

Exam	State Where You Passed Exam	Month and Year Issued	Number of Exam Hours	Were you granted a waiver of the FSS Exam?
Fundamentals (FSS)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Principles/Practice (PSS)				

2. Do you currently hold a professional license in Minnesota? ☐ Yes ☐ No

If **yes**, list profession: \_\_\_\_\_ and license # \_\_\_\_\_.

3. List all states (other than Minnesota) or countries in which you hold an architect, professional engineer, land surveyor, landscape architect, professional geologist or professional soil science license or interior design certificate or license. Attach a sheet if needed.

WHERE LICENSED	DATA PERTAINING TO LICENSE(S)				CHECK METHOD FOR EACH LICENSE			
	Profession (For Engineering, Include Discipline)	License #	Date Issued (mm/yyyy)	Is License Current?	Written Exam—List Number of Hours:	Oral Exam	Exemption (Grandfather Clause)	Comity
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				

4. Have you ever had a professional license disciplined, denied, surrendered, suspended or revoked? If **yes**, provide a statement of explanation on a separate sheet of paper. ☐ Yes ☐ No

## Part C: Education

List all undergraduate and graduate education. **You must submit an official transcript** from each educational institution. Transcripts must arrive in an envelope sealed by the institution.

College/University Attended	City, State, Country	Date Graduated (mm/yyyy)	Degree Received

Part D: Coursework

List the soil science courses and credits you have taken to fulfill the soil science area credit requirements specified in MN Rule 1800.3910, Subp. 5B.

If completing this form electronically, use the drop-down menus to select the course credit type (semester [S] or quarter [Q]\*) and to specify the soil science area or select “Closely Related Geoscience”\*\*. If completing by hand, write in this information in the appropriate form field. Attach additional pages as necessary. You need a minimum of 30 semester or 45 quarter hours as detailed below:

- 16 semester or 24 quarter hours in soil science, with a minimum of 2 semester or 3 quarter hours in **each of the following** soil science areas: **(A)** soil physical properties, soil biophysical environment, or soil water relations; **(B)** soil chemical properties or soil chemical processes; **(C)** soil biological properties, soil biochemical process, environmental ecology, or soil microbial ecology; and **(D)** soil genesis, soil classification, pedology, or soil morphology. [See MN Rule 1800.3910 Subp. 5B\(2\)](#) for details.
- AND** an additional 14 semester or 21 quarter hours in closely related geoscience courses. [See MN Rule 1800.3910 Subp. 5B\(3\)](#).

Course Title	Credits		Institution	Soil Science Area **Or “Closely Related Geoscience”	
	Qty	*S or Q		Area A, B, C, D or Geo	Description

**Part E: Experience References  
(Qualifying Experience)**

Applicant Name: \_\_\_\_\_

**Note: Qualifying experience is calculated up to the day you submit your application.** The amount of experience required depends upon your education. Please read [MN Rule 1800.3910 Subp. 3B](#) and [Subp. 6](#).

1. List all your supervisor(s)\* and their company name and address that will verify all your required qualifying experience. Attach additional sheets if necessary.
- \* Your experience must be verified by supervisors who are licensed geologists, licensed soil scientists, or licensed professional engineers with qualified education and experience in the soil science discipline.**

Supervisor Name (List in Chronological Order)	Business Name & Address	Employment Dates Under Supervisor	License Number *	Issuing State

2. Provide an [Experience Reference Form](#) (included in this application packet) with the “applicant” (your) portion completed to **all the supervisors listed above**. See that [form](#) for further instructions.

## Part F: Rules of Professional Conduct (MN Rules 1805.0100-1805.1600)

Read below, then sign and date. Keep a copy of this document for your records.

### 1805.0100 PROFESSIONAL CONDUCT.

Subpart 1. Purpose. This rule of professional conduct is adopted for the purpose of implementing the laws and rules governing the practice of architecture, engineering, land surveying, landscape architecture, and geoscience including Minnesota Statutes, section 326.11.

Subp. 2. Scope. This rule is applicable to and binding upon each person, corporation, or partnership subject to the regulatory jurisdiction of the board and each person subject to the control of the licensee.

Subp. 3. Imputed knowledge of professional responsibility. Each licensee who holds a certificate of licensure issued by the board is charged with knowledge of this rule. In the exercise of the privileges and rights granted by the certificate of licensure, the licensee shall conform professional conduct to the public and to the board in accordance with the provisions of this rule, and shall, as a condition of licensure, subscribe to and agree to conduct the practice in accordance with the provisions of this rule.

### 1805.0200 PERSONAL CONDUCT.

Subpart 1. Public confidence and personal integrity. A licensee shall avoid any act which may diminish public confidence in the profession and shall, at all times, conduct himself or herself, in all relations with clients and the public, so as to maintain its reputation for professional integrity.

Subp. 2. False statements and nondisclosure. A licensee shall not submit a materially false statement or fail to disclose a material fact requested in connection with the application for certification or licensure in this state or any other state.

Subp. 3. Knowledge of unqualified applicants. A licensee shall not further the application for certification or licensure of another person known by the licensee to be unqualified in respect to character, education, or other relevant factor.

Subp. 4. General prohibitions. A licensee shall not: A. circumvent a rule of professional conduct through actions of another; B. engage in illegal conduct involving moral turpitude; C. engage in conduct involving dishonesty, fraud, deceit, or misrepresentation; D. engage in conduct that adversely reflects on the licensee's fitness to practice the profession; or E. permit the licensee's name or seal to be affixed to plans, specifications, or other documents which were not prepared by or under the direct supervision of the licensee.

### 1805.0300 CONFLICT OF INTEREST.

Subpart 1. Employment. A licensee shall avoid accepting a commission where duty to the client or the public would conflict with the personal interest of the licensee or the interest of another client. Prior to accepting such employment the licensee shall disclose to a prospective client such facts as may give rise to a conflict of interest.

Subp. 2. Compensation. A licensee shall not accept compensation for services relating or pertaining to the same project from more than one party unless there is a unity of interest between or among the parties to the project and unless the licensee makes full disclosure and obtains the express consent of all parties from whom compensation will be received.

Subp. 3. Gifts. A licensee shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, or other persons dealing with the client or employer in connection with the work for which the licensee has

been retained without the knowledge and approval of the client or the employer.

### 1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT.

A licensee shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience. A licensee shall not falsify or misrepresent the extent of the licensee's education, training, experience, or qualifications to any person or to the public; nor misrepresent the extent of the licensee's responsibility in connection with any prior employment. A licensee shall not transmit, distribute, or publish or allow to be transmitted, distributed, or published, any false or misleading information regarding the licensee's own qualifications, training, or experience or that of his or her employer, employees, associates, or joint venturers. A licensee shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

### 1805.0500 FALSE OR MALICIOUS STATEMENTS.

A licensee shall make no false or malicious statements which may have the effect, directly or indirectly, or by implication, of injuring the personal or professional reputation or business of another member of the profession.

### 1805.0600 KNOWLEDGE OF IMPROPER CONDUCT BY OTHERS.

A licensee who has knowledge or reasonable grounds for believing that another member of the profession has violated any statute or rule regulating the practice of the profession shall have the duty of presenting such information to the board. A licensee, when questioned concerning any alleged violation on the part of another person by any member or authorized representative of the board commissioned or delegated to conduct an official inquiry, shall neither fail nor refuse to divulge such information as the licensee may have relative thereto.

### 1805.0700 ACTION BY OTHER JURISDICTION.

Convictions of a felony without restoration of civil rights, or the revocation or suspension of the certificate of licensure of a licensee by another jurisdiction, if for cause which in the state of Minnesota would constitute a violation of law or of these rules, shall be deemed to be a violation of these rules of professional conduct. Any licensee adjudged mentally incompetent by a court of competent jurisdiction shall, until restored to mental competency, be deemed to be incompetent to practice the profession within the meaning of Minnesota Statutes, section 326.11, subdivision 2.

### 1805.0800 EMPLOYMENT ON THE BASIS OF MERIT.

A licensee as an employer, shall refrain from engaging in any discriminatory practice prohibited by law and shall, in the conduct of the business, employ professional personnel solely upon the basis of merit.

### 1805.0900 MISCONDUCT.

Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1 shall include any act or practice in violation of the rules of professional conduct as set forth in parts 1805.0100 to 1805.0800.

### 1805.1500 REGISTRATION.

No corporation, partnership, or other firm engaged in the practice of architecture, engineering, land surveying, landscape architecture, or geoscience, or two or more of these professions, shall contract with or accept employment for professional services of an architectural, engineering, land surveying, landscape architectural, or geoscience character as defined in Minnesota Statutes, sections 326.02 to 326.15 unless a member or employee of the corporation, partnership, or other firm in responsible charge of the work is registered and licensed under the provisions of Minnesota Statutes, sections 326.02 to 326.15 to practice the profession called for by the employment.

### 1805.1600 RESPONSIBLE CHARGE AND DIRECT SUPERVISION.

Subpart 1. Responsible charge; defined. A person in responsible charge of architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work as used in Minnesota Statutes, section 326.14 means the person who determines design policy, including technical aspects, advises with the client, superintends subordinates during the course of the work and, in general, the person whose professional skill and judgment are embodied in the plans, designs, and advice involved in the work. Plans and specifications for buildings, structures, or projects of standard design which have been designed outside the state shall bear the certification of the design professional licensed in another United States licensing jurisdiction. In addition, a Minnesota licensed architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer shall review the design and certify that it is appropriate to the site on which construction is proposed and is in compliance with the State Building Code adopted by the Department of Administration where the building code is in effect.

Subp. 2. Direct supervision; defined. A person in direct supervision of work as referred to in Minnesota Statutes, section 326.12, subdivision 3, means that person who is the employer, an employee of the same firm, or who is under contract to or from another firm and who is in responsible charge of the technical aspects of the architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work in progress, and whose professional skill and judgment are embodied in the plans, specifications, reports, plats, or other documents required to be certified pursuant to that subdivision. A person in direct supervision of work directs the work of other licensees, interns, draftspersons, technicians, and clerical persons assigned to that work and is in responsible charge of the project comprising the work being supervised.

Printed Name

Date

Signature

## Part G: Affidavit

Applicant Name: \_\_\_\_\_

Read the statements, **select the appropriate yes/no response**, then **sign** and **date** below.

If you answer “No” to any of the statements, you **must** enclose a statement of explanation for each checked statement. Your application is not considered complete until you provide the required explanation(s).

MN Rule 1800.0400 Subp. 5 (2018)

- |  |  |
|--|--|
| 1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2016) and the Rules and Regulations adopted thereunder;   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I have never been convicted of a felony;  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. I have not performed or offered to perform architectural, professional engineering, land surveying, landscape architectural, professional geological, professional soil scientific, or certified interior designer services, without proper licensure or certification in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design.                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**I swear/affirm I have read the application and that my answers to the statements are true and complete.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### THIS SECTION FOR BOARD USE ONLY

Application Withdrawn Date

#### RECOMMEND DENIAL OF APPLICATION

Board Member Signature

Board Member Name

Date

#### RECOMMEND APPROVAL OF APPLICATION

Board Member Signature

Board Member Name

Date





## EXPERIENCE REFERENCE FORM PSS EXAM INSTRUCTIONS

### Applicant Instructions:

This form serves to document in detail your work experience. **Note that experience requirements vary depending upon your education** (see [MN Rule 1800.3910 Subp. 3B](#) and [Subp. 6](#)). Your experience must have been obtained under the direct supervision of a licensed professional soil scientist, geologist, or engineer knowledgeable in the soil sciences. Also note that qualifying experience is calculated up to the day you submit your application.

1. Complete the areas marked **APPLICANT**. Be sure to sign and date the form (see [middle of page 1](#)).
2. Provide separate copies of this form to each supervisor you listed on [Part E: Experience References](#) of the [PSS Comity Application Form](#). Include only the information/hours appropriate to each supervisor on their own copy.
3. When completing the **APPLICANT** fields for the [Description of Work](#) (page 2), be detailed and accurate. Experience must include elements of work listed in this section. **You must mark the applicable element(s) of experience specific to each work/project description you list.** Include only information the particular supervisor completing the form can verify.
4. Provide the supervisor(s) ALL pages of their copy of this form, **including this instruction page**.
5. Ask the supervisor(s) to return this form **directly to the Board office** (see address above). You may wish to provide them with a stamped and addressed envelope for this purpose.

### Supervisor Instructions:

1. Complete all areas marked **SUPERVISOR**. All are **required**. Be sure to sign and date the form (see [bottom of page 1](#)).
2. For the ["Description of Work"](#) (page 2), initial as indicated.
3. Return the form (pages 1 and 2) **directly to the Board office** (see address above).

**IMPORTANT!**

**If you have questions about this form, please call the Board office at 651-296-2388.**

#### NOTICE OF COLLECTION OF PRIVATE DATA

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Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2016) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2016), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law.





## EXPERIENCE REFERENCE FORM PSS COMITY

Please read the INSTRUCTIONS page before completing.

### 1: General Information and Signatures

#### APPLICANT: COMPLETE THIS SECTION

Applicant Name \_\_\_\_\_  
(Legal first name - no nicknames ) (Last)

Applicant Title \_\_\_\_\_  
(Job title at employer listed below)

Supervisor Name \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Postmark Date: \_\_\_\_\_  
(MM/DD/YYYY)

Provide a date prior to the application deadline by which you want the supervisor to return this form to the Board.

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Employment Type: ☐ Full Time ☐ Part Time - If part time, indicate hours per week: \_\_\_\_\_

#### APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO SUPERVISOR.

I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference with respect to my experience and employment. I authorize the release of information, favorable or otherwise, **directly** to the Board.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

#### SUPERVISOR: COMPLETE THIS SECTION

The Board requests your cooperation in making its evaluation of the qualifications of the applicant more thorough. All information secured from supervisors/employers is for the use of the Board. In keeping with the [Minnesota Government Data Practices Act](#), the information you provide will be private until the applicant becomes licensed, at which time it will be classified as public information.

Please return this signed and completed form **to the Board** by the postmark date indicated in the box above.

The applicant:

1. Worked under my direct supervision: ☐ Yes ☐ No
2. Performed soil science work in: ☐ Research & Analysis ☐ Planning ☐ Specifications ☐ Code & Standards  
☐ Economics ☐ Safety ☐ Observation of Ongoing Work ☐ Inspection of Projects
3. Provided correct employment dates and hours worked per week above: ☐ Yes ☐ No

If **no**, provide correct dates/hours: \_\_\_\_\_

I hereby certify that the applicant's qualifying soil science experience initialed by me on this form was obtained under my direct supervision and I am a duly licensed professional soil scientist, geologist or engineer (soil science discipline), as required under the laws of the State of Minnesota ([MN Rule 1800.3910 Subp. 6](#)).

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

PSS, PG or PE license # \_\_\_\_\_

State where licensed \_\_\_\_\_

## 2: Description of Work/Projects/Responsibilities

Applicant Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**APPLICANT:** Use this section to document “varied, progressive, non-repetitive, practical experience in the discipline of geoscience.” (MN Rule 1800.3910 Subp. 6). Mark the element(s) of experience for each description at right (select all elements that apply). Attach additional sheets as needed.

**SUPERVISOR:** Initial next to **every description** you can substantiate in the box on the column at right.

<b>APPLICANT:</b> Describe activities performed in detail. Be sure to mark all applicable elements of experience using boxes to right.	<b>APPLICANT:</b> Mark element of experience.*								<b>SUPERVISOR:</b> Initial below.
	RA	P	SP	S	OW	IP	CS	E	

### \* DEFINITION OF EXPERIENCE ELEMENTS

**RA - RESEARCH AND ANALYSIS:** The systematic investigation of an issue or issues followed by the separations of the parts to determine their nature, proportion, function or relationship.

**P - PLANNING:** A process of developing a scheme for doing a project relating to geology or soil science.

**SP - SPECIFICATIONS:** The documents which set forth a description of the parts of a geology or soil science project.

**S - SAFETY:** The establishment of project parameters which are designed to prevent danger, injury or damage and to enhance security.

**OW - OBSERVATION OF ON-GOING WORK:** The periodic noting and recording of the progress of a project with

emphasis on the following of the language of the specifications as well as any project anomalies.

**IP - INSPECTION OF PROJECTS:** An examination of a project to ensure that elements set forth in the specifications are completed in accordance with that document.

**CS - CODES AND STANDARDS:** National, state, or local laws, rules, or ordinances by which project must be defined and completed.

**E - ECONOMICS:** The definition of project parameters which will maximize income or minimize expenditures on the part of the owner and still result in the final outcome dictated by the project need.



## VERIFICATION OF EXAMINATION AND/OR LICENSURE (PSS)

### TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy to the state(s) in which you have taken an exam **and** your current state of licensure, if different. **Check with them regarding fees or other filing requirements**, as failure to do so may delay their processing of this form.

#### Section A: Contact Information and Applicant Authorization

TO: (Address of state board completing form)

Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Last 4 of SS # XX-XXX- Former Name \_\_\_\_\_  
(if applicable)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am applying to the Minnesota Board of AELSLAGID. I authorize the Verifying Board to provide any and all pertinent information requested.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### TO BE COMPLETED BY VERIFYING BOARD

Complete all relevant items in **Sections B–E** and return to the Minnesota Board at the address above.

#### Section B: Registrations/Licenses Held by Applicant

Registration	Certificate/License #	Date Issued (mm/dd/yyyy)	Expires (mm/dd/yyyy)
Soil Scientist-in-Training			
Professional Soil Scientist			

#### Section D: Investigations or Complaints

Has formal disciplinary action ever been taken against the above-named individual?

If **yes**, attach a detailed explanation. ☐ Yes ☐ No

#### Section C: Record of Examinations

(Check box next to applicable situation and provide any details requested.)

☐ EXAMINATION (Complete Information applicable to exam type below)

Written Exam	Hours	Exam Date	CSSE	Results
Fundamentals (FSS)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Professional (PSS)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Other (describe): \_\_\_\_\_

Was the FSS waived? ☐ Yes ☐ No

☐ FSS ACCEPTED from the following state: \_\_\_\_\_.

☐ PSS ACCEPTED from the following state: \_\_\_\_\_.

☐ COMITY with the following state(s): \_\_\_\_\_.

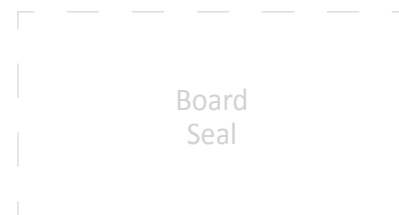
#### Section E: Verifying Board Signature

The information provided herein is correct to the best of our knowledge.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_





BOARD OF ARCHITECTURE ▪ ENGINEERING  
LAND SURVEYING ▪ LANDSCAPE ARCHITECTURE  
GEOSCIENCE ▪ INTERIOR DESIGN

85 East 7th Place, Suite 160, St. Paul, MN 55101-2113  
Phone: 651-296-2388 • Fax: 651-297-5310 • [mn.gov/aelslagid](http://mn.gov/aelslagid)

## AUTHORIZATION TO RELEASE APPLICANT INFORMATION TO A THIRD PARTY

### THIS FORM IS NOT REQUIRED

Only complete this optional form if you intend someone other than yourself to contact the Board regarding the status of your application.

Minnesota law prohibits the Board from sharing any information regarding your application (prior to final licensure) with **anyone** other than yourself unless you submit this authorization.

### AUTHORIZATION/RELEASE

Applicant data is classified as private or confidential under the Minnesota Data Practices Act. However, **I hereby waive my rights under the Minnesota Data Practice Act** and authorize the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design to provide information contained in my application materials, including any documents, to the following individual:

\_\_\_\_\_  
Provide first and last name of third party who may receive information.

I understand that I am not legally required to sign this form. The purpose of this authorization is to facilitate the processing of my application. This authorization automatically expires one year after this date.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature